

Laura Lavenia Adams.

Town County

Died at

West Falls Carroll MARYLAND

Date 1918

Month Nov Day 24

Y. 50. M. 9. D. 10

Native of Md

Occupation housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 5.

Husband of

Emory L. Adams.

Wife

Father's Name

Washington Pedder

Mother's Name

Rebecca Crawford

Cause of

Primary

Apaplectic Hemiplegia

How long sick

six days.

Death

Immediate

Cardiac exhaustion

Accident, Suicide, Homicide

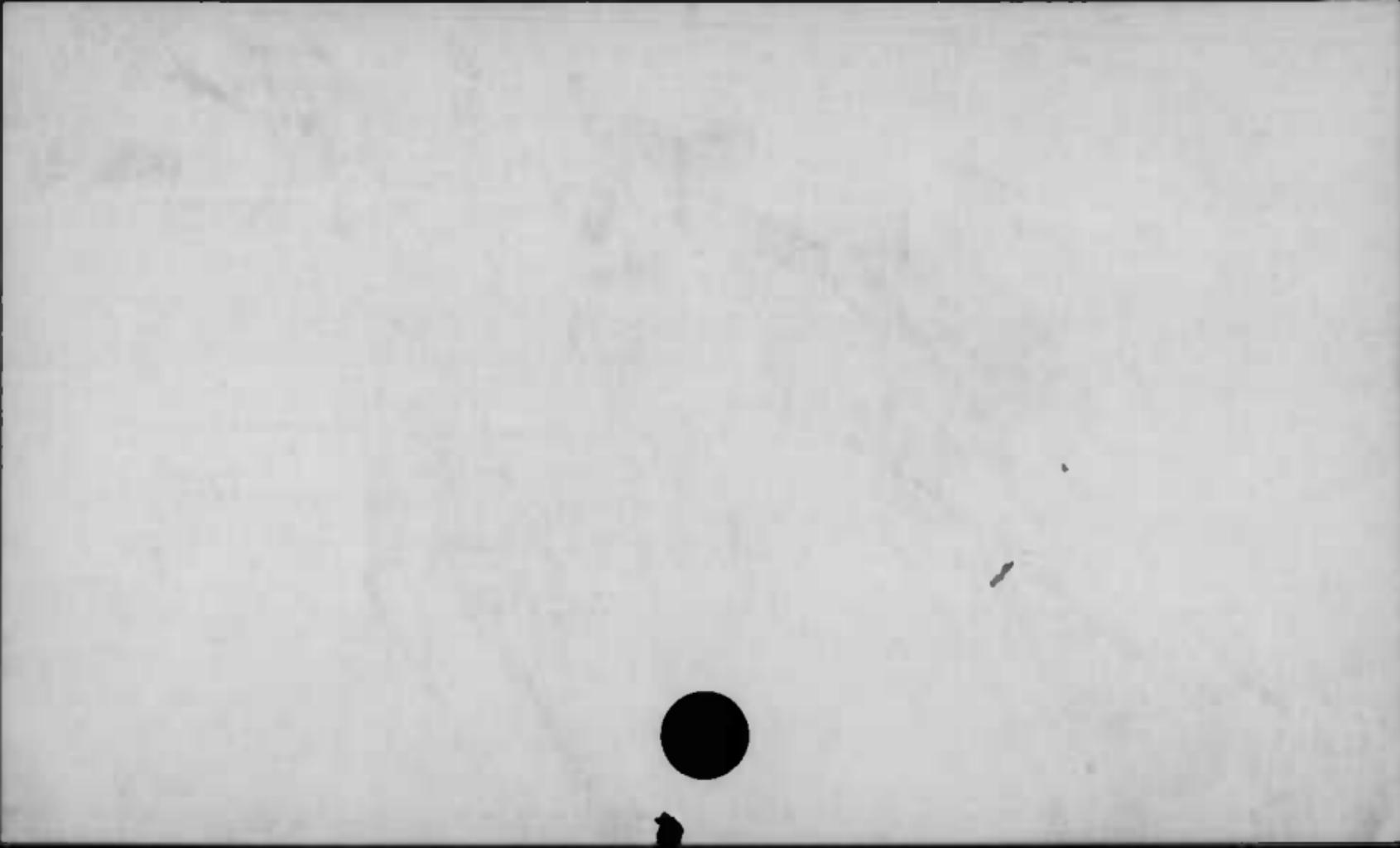
Reported by

A. T. Crook

Address

Taylorsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John H. Appler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1903	Month 11	Day 16	Age 64	Years	Months	Days
Sex M	Color or Race	white	Birth-place	N. C.		
Married, Single or Widowed	Married		Occupation	Carpenter		
Name of Wife or Husband	—					
Father's Name	—					
Mother's Maiden Name	—					
Name of person giving information	Hospital records					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Syphilitic Fever	How long	15 days
	Immediate	Peritonitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Clement Clark	
Springfield State		Address	Hospital - Sykesville Md.	
Accident or Suicide?				



Name  
in  
Full

William A. Beauchamp

CERTIFICATE OF DEATH

TO BE ANSWERED BY,  
NEAREST FRIEND

Died at	Town Springfield State Hospital (carroll)				County		
Date of death	1903	Month 11	Day 7	Age 63	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Md.		
Married, Single or Widowed					Occupation		
Name of Wife or Husband							
Father's Name	John Beauchamp				154	Father's Birthplace	Md
Mother's Maiden Name	Mary					Mother's Birthplace	Md
Name of person giving Information	Hospital records					How related to deceased	—

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute indigestion		How long	about 8 hrs.
Immediate	Cardiac failure		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chas J. Carey	
		Address	Sykesville Md.	
Accident or Suicide?				



Name in Full

Masie Berleuf

Certificate of Death

Near Braddock

County

carroll

MARYLAND

Died at

Date 1903

Month Nov 10

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age 65  
Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Husband of

Widow

Father

Name

Mother

Maiden Name

Cause of death

Primary

Dont know

How long sick

Dont know

Immediate

Found Dead

-Accident, Suicide, Homicide

Reported by

R A Wells MD

Address

Hampstead Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

429 Harry B. Bish

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1903	Month Nov	Day 16	Years 17	Months	Days
Sex	Male	Color or Race	White	Birth-place	Friggelingburg	
Occupation	Hunter	Where Residing if not at place of death			House	
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Silas Bish			Father's Birthplace	Carroll Co	
Mother's Maiden Name	Agnes Brown			Mother's Birthplace	11-ii	
Name of person giving information	Silas Bish			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastritis.

How long

about 4 days

Immediate

asphyxia.

How long

a few minutes

Are the name, age, sex, color, date and place correctly given above?

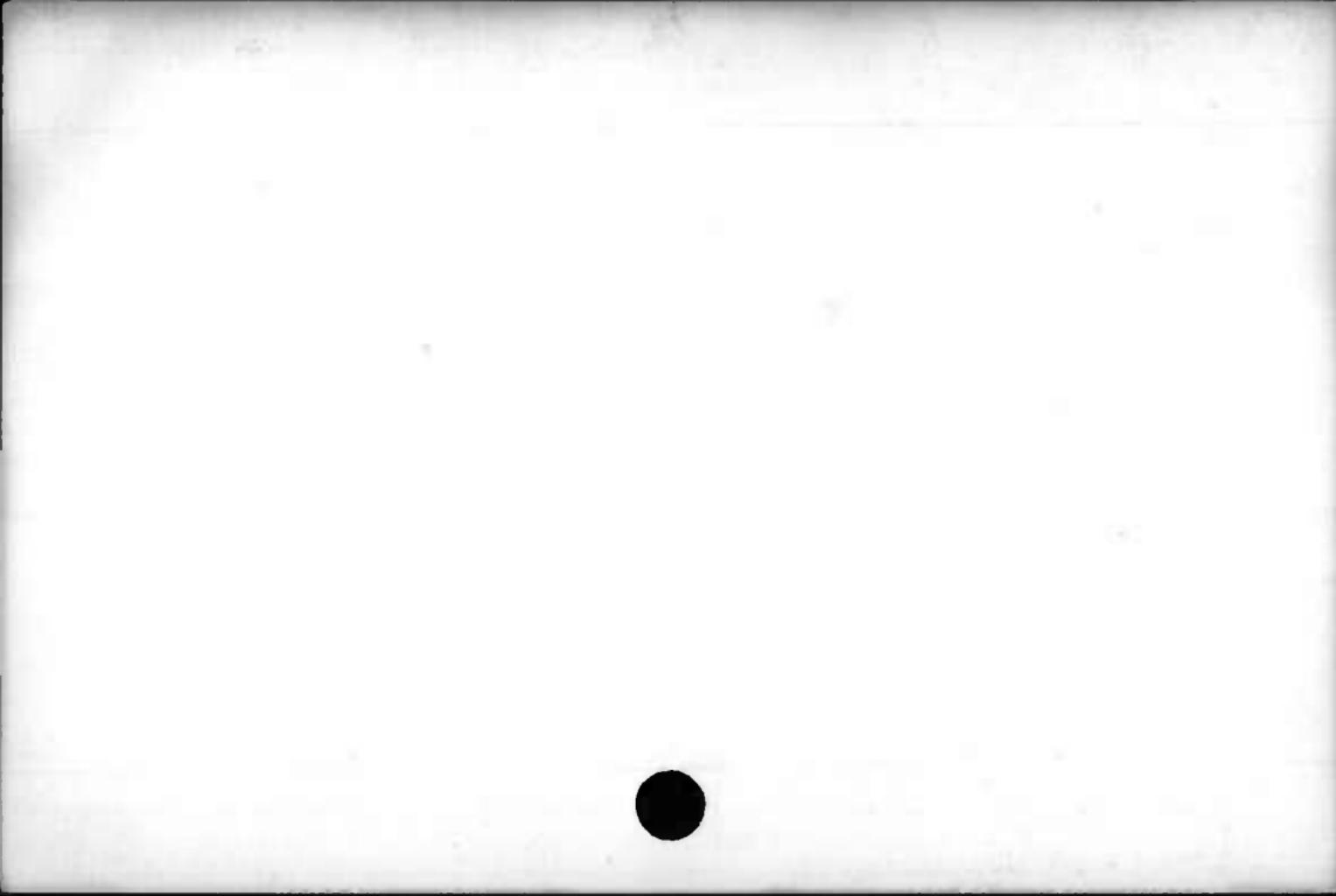
yes

Signature of Physician

Address

Chas. R. Doutz, M.D.  
Westminster  
Md.

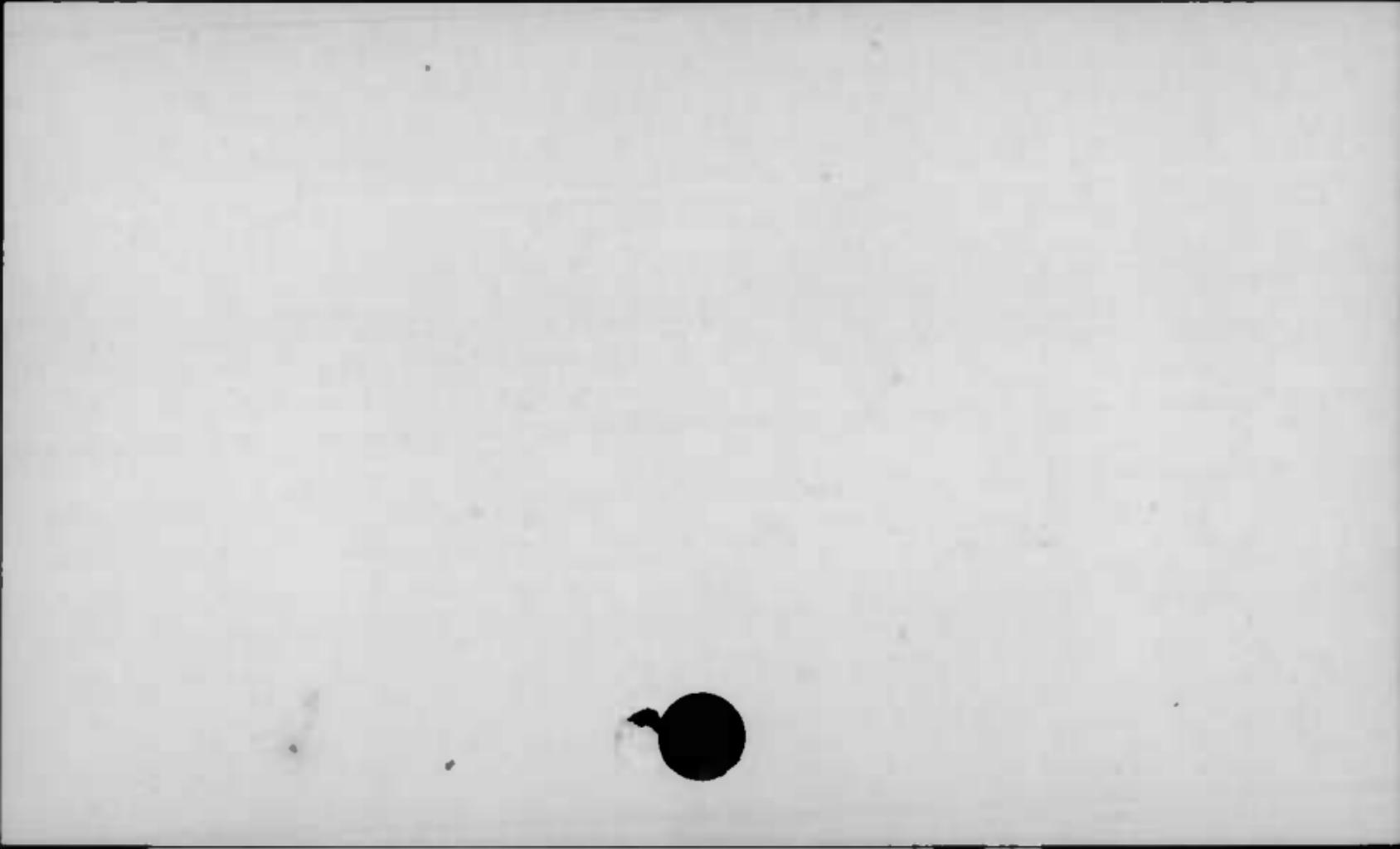
Accident or Suicide?



43<sup>rd</sup> Catherine Breitwiser  
 Town County  
 Died at Near Westminster Carroll MARYLAND

Date	Month	Day	Age	Y. M. D.	Native of	Occupation
1903	11	28	52-2	-	Maryland	—
<del>Male</del>	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		
Husband of						
Wife						
Father's Name	Nicholas Buttwiser			Mother's Name	Catherine O'Kane	
Cause of Death	Primary	Pyelitis.			How long sick About 5 month	
	Immediate	Bright's Disease			Accident, Suicide, Homicide	
Reported by	F. F. R. Weaver, M.D.					
Address	Hagerstown, Md.					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Carrie Heller Bull

Town

Mountaineer

County

Carroll

MARYLAND

Died at

1903

Month

Day

Y.

M.

D.

Native of

Md.

Occupation

Housewife

Date 1903

Male

Nov. 7

Age

22 6.13

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

one

Husband of

Edward Bull

138

Wife

Elias Heller (deceased)

Mother's Name

Anna Wilson

Father's Name

Cause of

Primary

Eclampsia

How long sick

7 days

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

W. E. Hoff

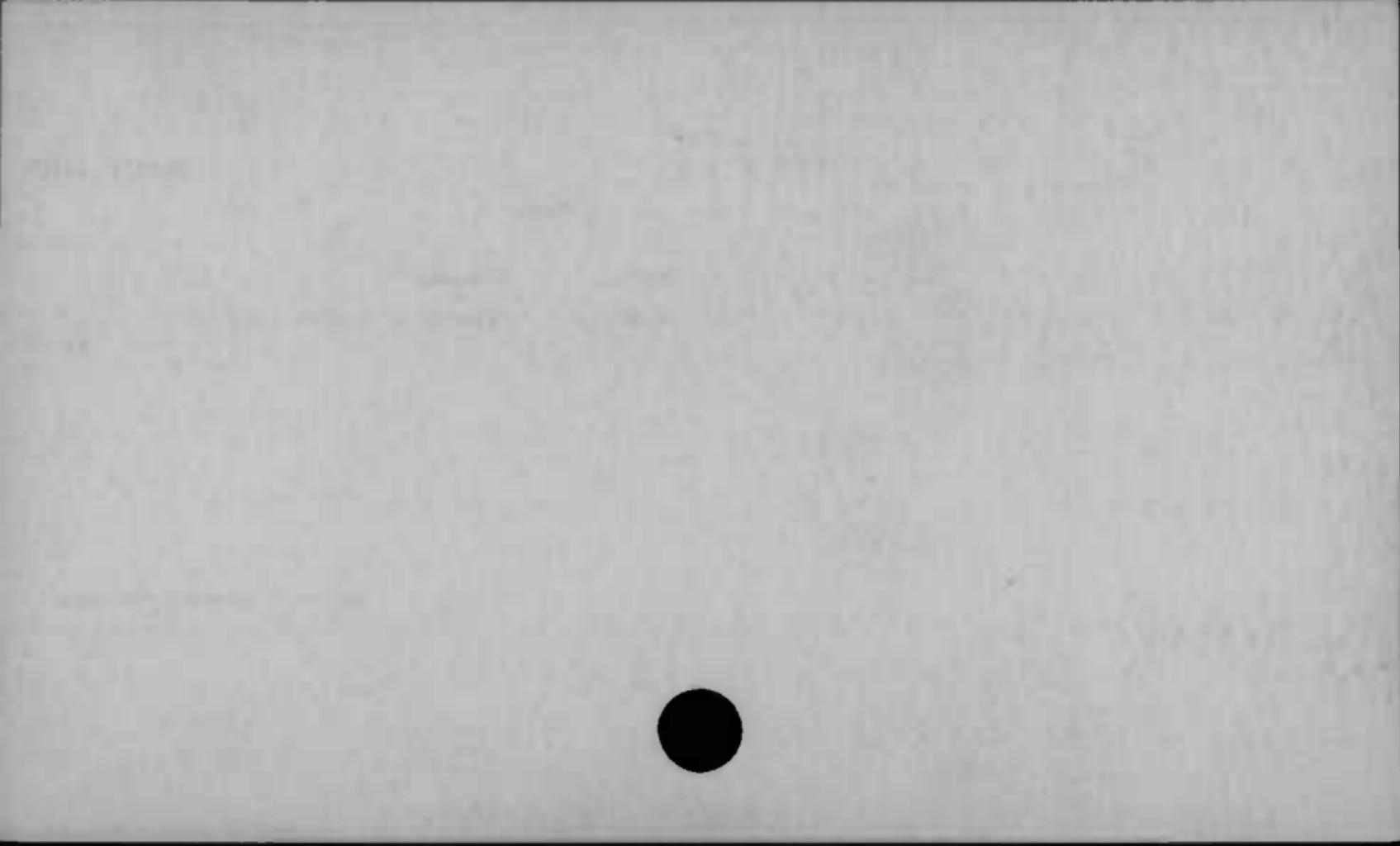
M. D.

Address

Main Bridge

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elizabeth Bann

CERTIFICATE OF DEATH

MARYLAND

Died at Hampstead		Town	County Carroll			
Date of death 1903	Month 11	Day 7	Age 73	Years	Months	Days
Sex Female	Color or Race	White		Birth- place	Germany	
Occupation			Where Residing if not at place of death			
Married, Single, or Widowed		Name of Wife or Husband				
Father's Name				Father's Birthplace		
Mother's Maiden Name		10.		Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

Primary	La Grippe	How long
Immediate	Pneumonia	How long 1 day

Are the name, age, sex, color, date  
and place correctly given above?

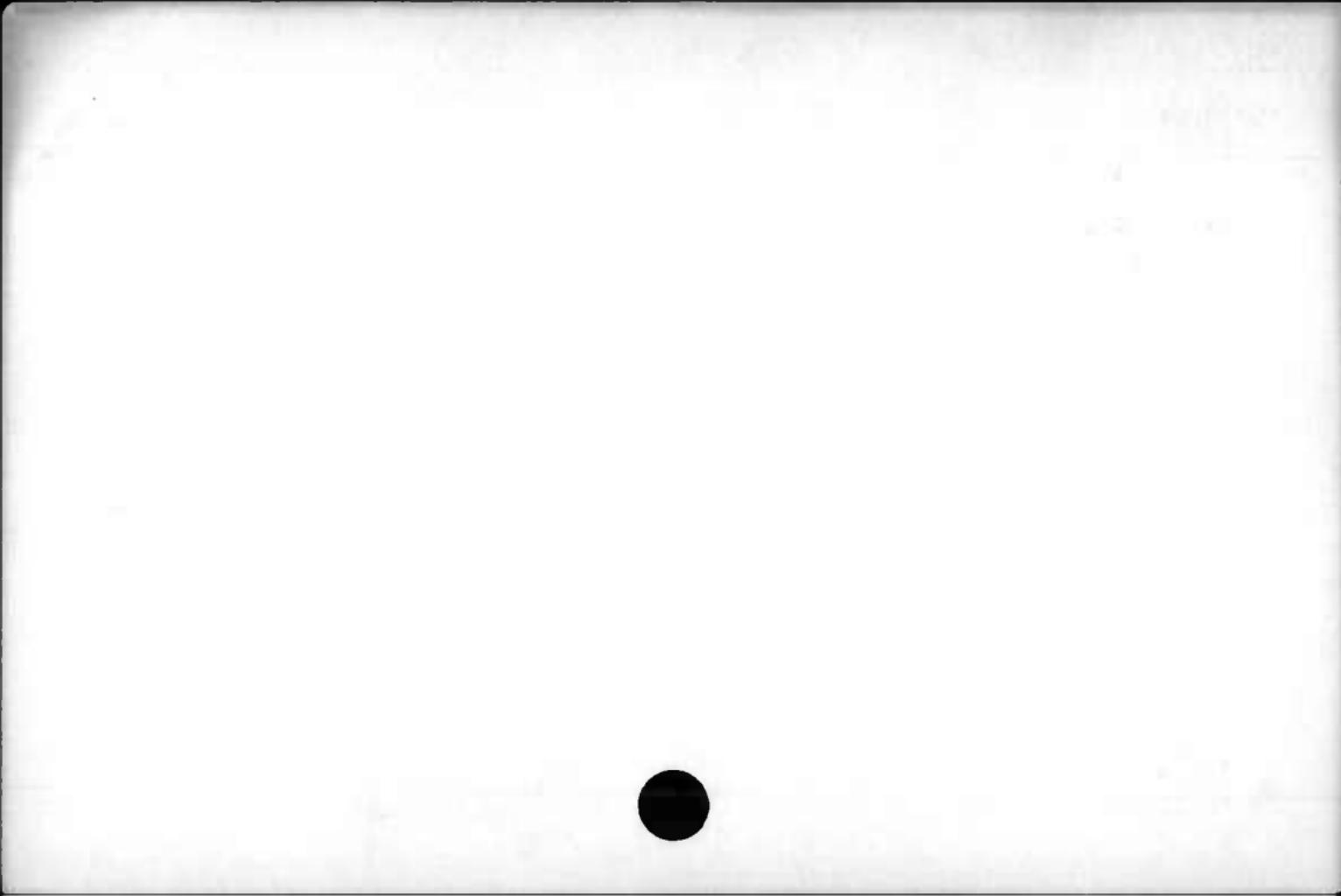
Signature of  
Physician

Edgar M. Bush M.D  
Hampstead,  
Md.

Yes

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Elizabeth Hennibis

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
New Windsor		Carroll					
Date of death 1903	Month Nov	Day 20	Age 34	Years	Months	Days	
Sex Female	Color or Race White		Occupation Housewife		Birth- place New Windsor		
Married [initials]							
Name of Wife or Husband Edward Hennibis							
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information M. Bankard					How related to deceased Not related		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
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Immediate Heart trouble	How long
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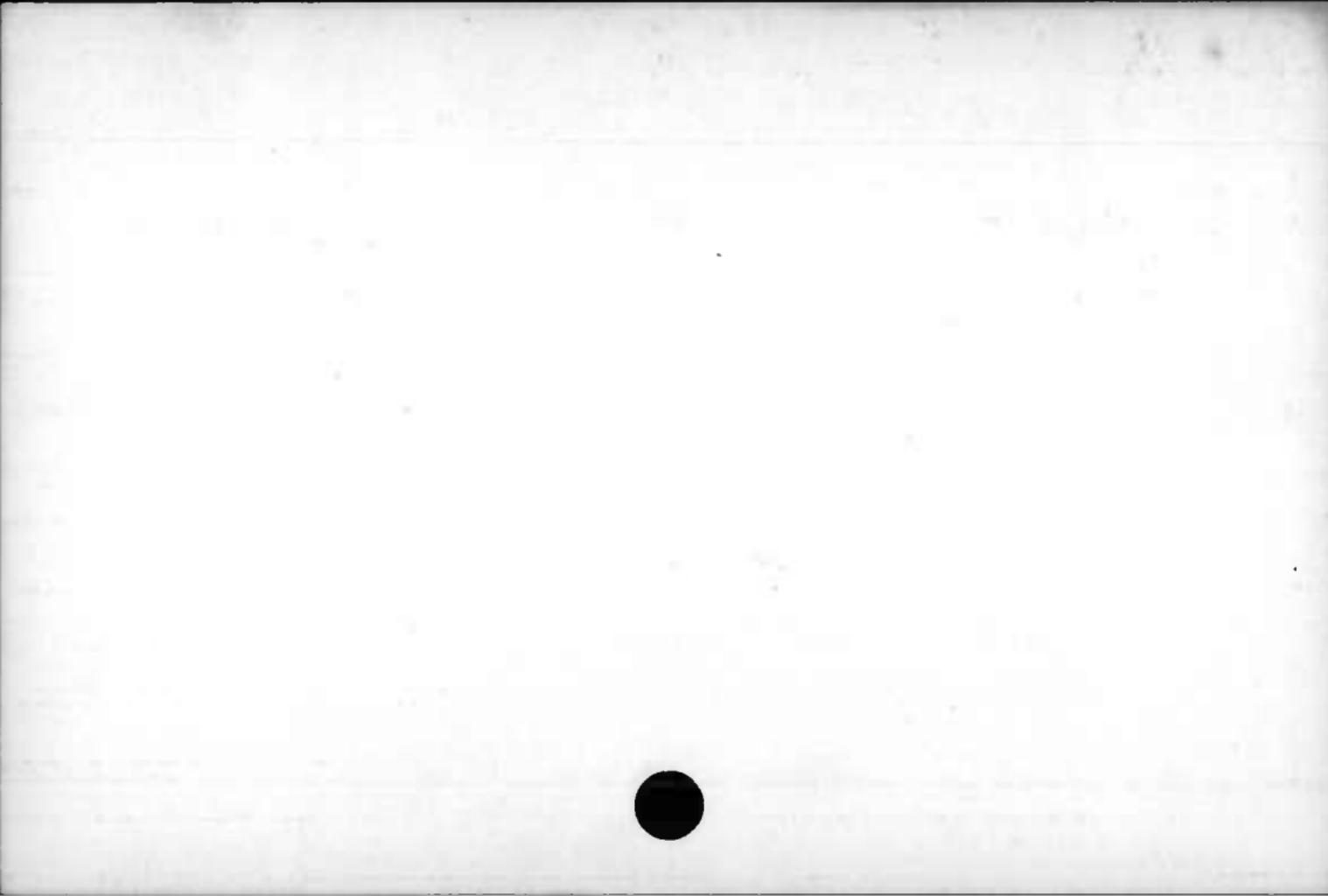
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr Geo Brown  
New Windsor  
Md

Accident or Suicide?



Name  
in  
Full

Edward J. Devitt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

Hospital Friend

Died at Springfield State Hospital		County	MARYLAND	
Date of death 1903	Month Nov.	Day 30 <sup>th</sup>	Years 71.	Months
Sex Male.	Color or Race White.	Occupation Merchant.	Birth-place Unknown.	Days
Married, Single or Widowed Single.				
Name of Wife or Husband				
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cancer of stomach.

How long

Unknown.

Immediate

Edema lungs. Exhaustion.

How long

Are the name, age, sex, color, date and place correctly given above?

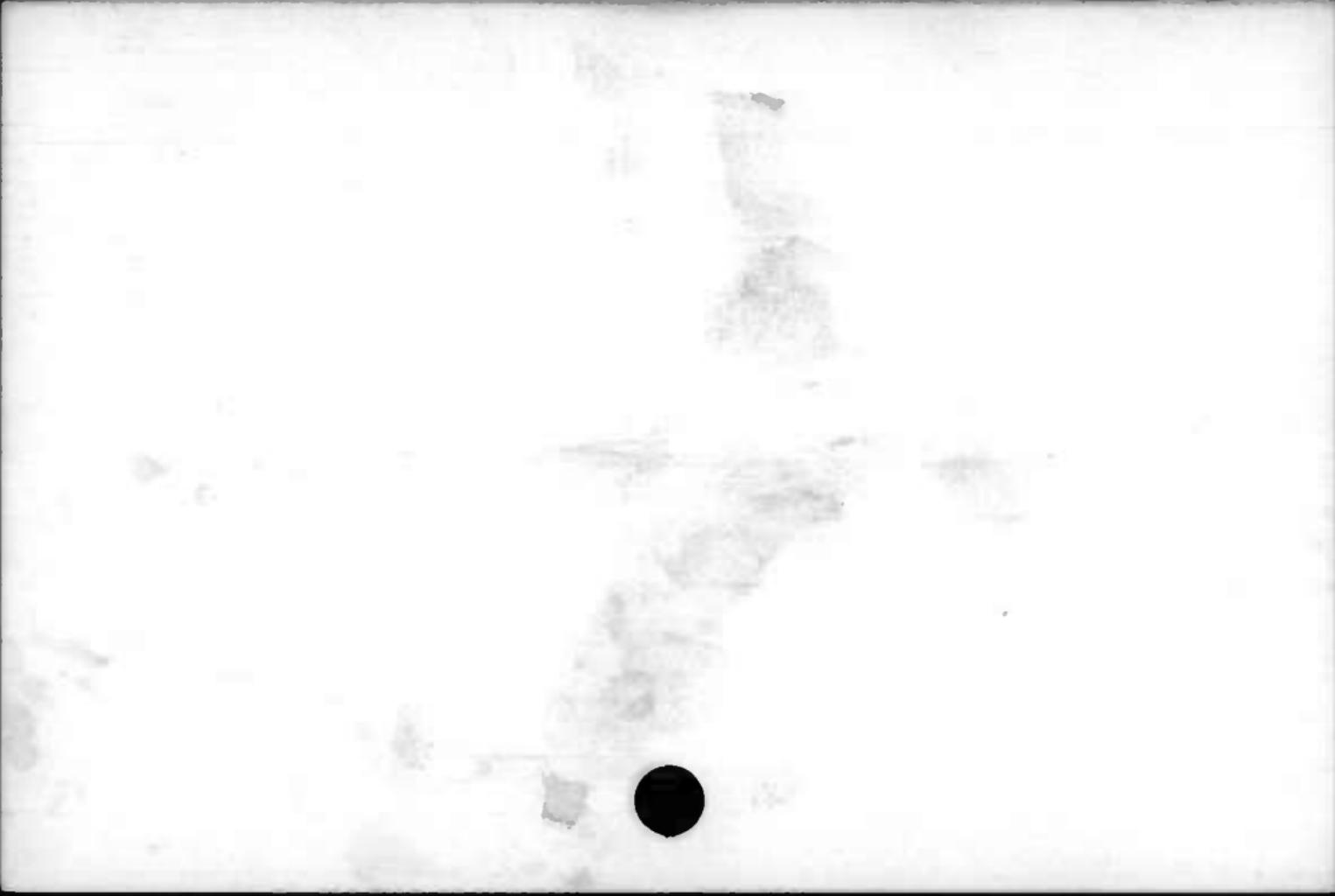
Signature of Physician

Address

P. M. Brue

Springfield State Hospital  
Sykesville, Carroll Co., Md.

Accident or Suicide?



Name  
in  
Full

Nancy Drwall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Sykesville	County Carroll		MARYLAND			
Date of death 1903	Month 11	Day 6	Age 54	Years 54	Months	Days	
Sex Female	Color or Race White			Birth- place Md.			
Married, Single or Widowed Single	Occupation Housekeeper						
Name of Wife or Husband —							
Father's Name Daniel Drwall				Father's Birthplace Md			
Mother's Maiden Name Isabella Cruise				Mother's Birthplace Md			
Name of person giving Information Daniel Drwall	79			How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Malnutrition

How long  
about  
17 days

Immediate  
Exhaustion

How long  
—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

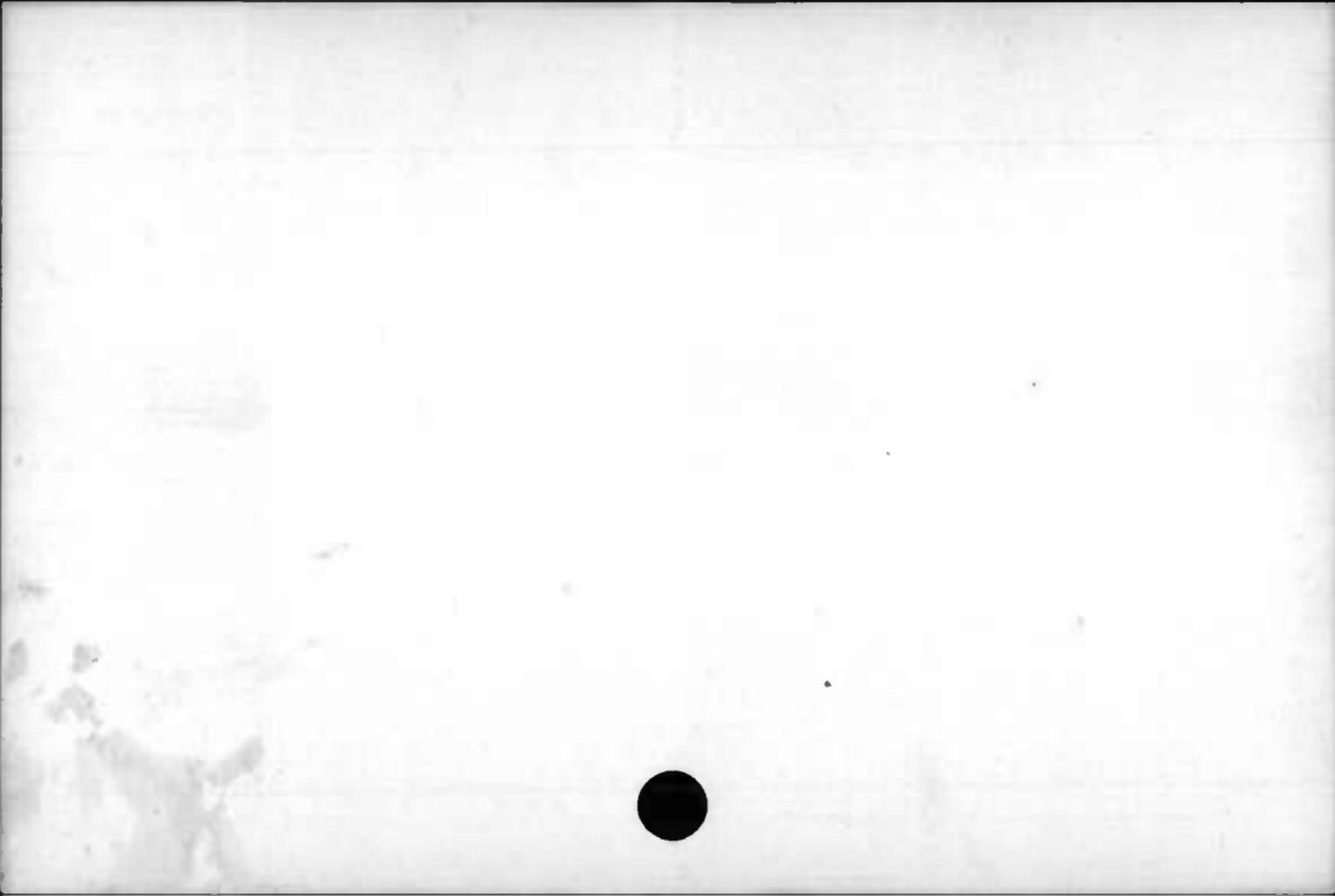
Signature of  
Physician

Address

John Norfolk Morris M.D.,  
Sykesville, Carroll Co.,  
Md. —

Accident or Suicide?

No. —



Mrs Elizabeth Englar

Died at Town County  
New Windsor Carroll Co MARYLAND

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Nov. 20

Age 76

Md

- - -

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband of

Hiram Englar.

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia

How long sick

4 days

Death

Immediate

Heart Trouble

Accident, Suicide, Homicide

Reported by

H.Bankard Undertaker

Address

New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Geo Brown  
of New Windsor

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate  
received from \_\_\_\_\_  
of \_\_\_\_\_

Matilda C Gist

## CERTIFICATE OF DEATH

Town

Died at near Westminster

County

Carroll

MARYLAND

Date

of death 1903

Month

Nov

Day

2

Years

72

Months

2

Days

23

Age

72

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Married, Single  
or Widowed

Widow

Occupation

Name of ~~Wife~~  
Husband

Samuel M. Gist

Father's  
Name

John Little

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Elizabeth Brown

Mother's  
Birthplace

Md

Name of person giving  
Information

Josephine E. Fowler

How related  
to deceased

daughter

## CAUSES OF DEATH

Primary

Old Age - - -

How long

5 years

Immediate

Heart Failure

How long

a few hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Chas. R. Foote

Address

Westminster

Accident or Suicide?

no

deer Park chose

Smash Wood

Shanner

Name  
in  
Full

Green, Guy. Purcell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Age	Years	Months	Days	
Sex Male		Color or Race	Occupation		Birth- place		
Married Single or Widowed							
Name of Wife or Husband							
Father's Name	George Henry Green				Father's Birthplace	Md -	
Mother's Maiden Name	Sarah Amanda Green 93				Mother's Birthplace	Md -	
Name of person giving Information	George H. Green				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tonsilitis

How long

5

days

Immediate

Pneumonia

How long

3

days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

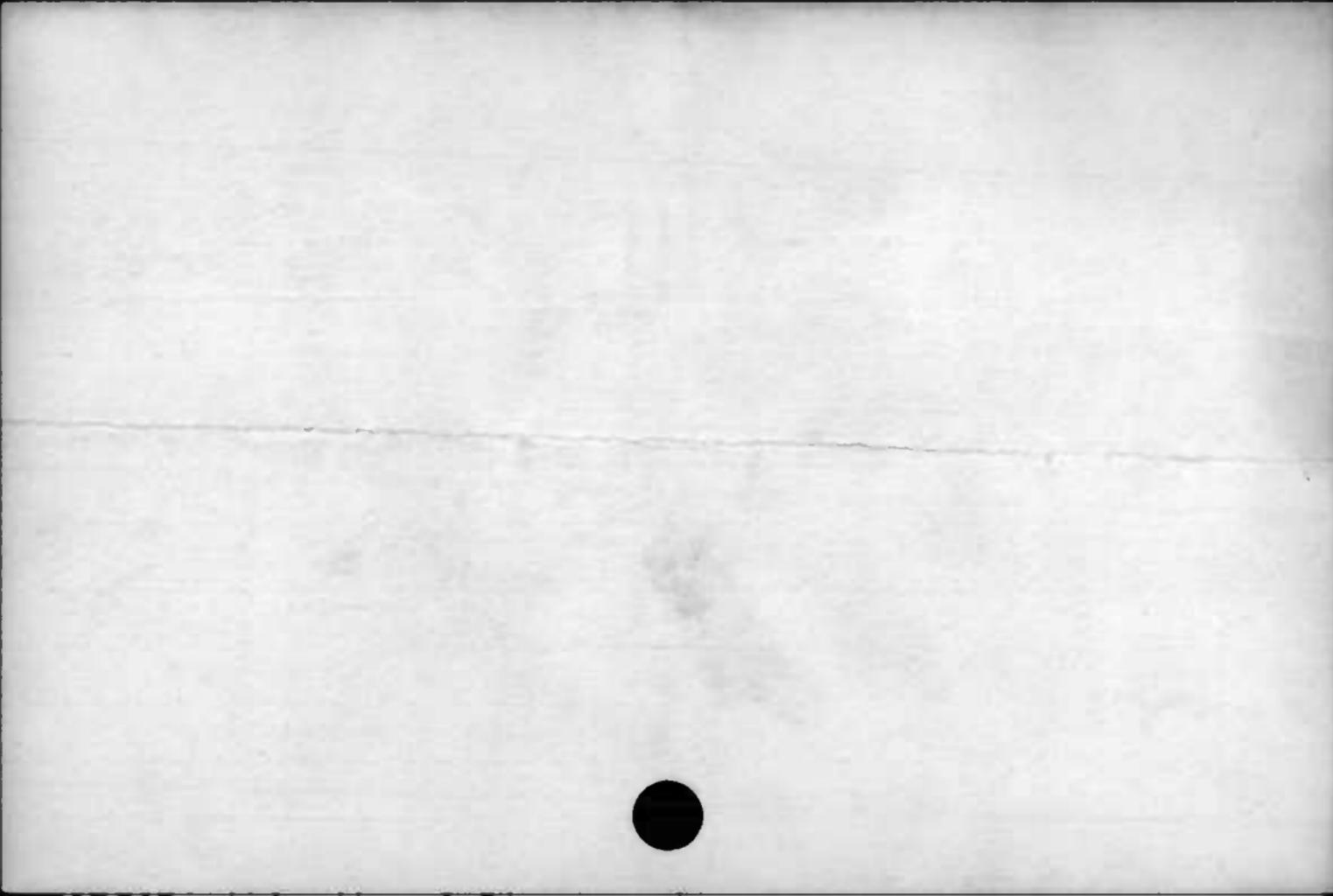
Signature of  
Physician

W. Frank Lucas M.D.

Address

Dickensville, Md -

Accident or Suicide?



Name  
in  
Full

John A Green

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Died at		Carroll	Carroll	Months	Days
Date of death	1903	Month 11	Day 23	Years 80	
Sex	male	Color or Race	white	Birth-place	Md
Occupation	Labour		Where Residing if not at place of death	at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Matilda Green		
Father's Name	Isaac Green Del		Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	Chas. J. Green		How related to deceased	son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senility	How long	several months
Immediate	Phantasia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jno E. Boll (Md)
		Address	Harrisonville Md
Accident or Suicide?			



Green, Mary Elizabeth

## CERTIFICATE OF DEATH

Died at Woods Mill

Town

County

Barrool

MARYLAND

Date of death 1903	Month 11	Day 23	Age 8	Years	Months 1	Days 17
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Sex Female

Color  
Race

Negro

Birth-  
place

Md.

Married, Single  
or Widowed

Occupation

None

Name of Wife or  
HusbandFather's  
Name

George Henry Green 93

Father's  
Birthplace

Md

Mother's  
Maiden Name

Sarah Amanda Blodstone

Mother's  
Birthplace

Md -

Name of person giving  
Information

George St. Green

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Tonsilitis

How long

5 days

Immediate

Pneumonia

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W. Frank, Lucas MD

Sykesville, Md.

Accident or Suicide?



Agnesette Horlene Hann

Town

County

Died at

Sydenbury

Carroll

MARYLAND

Month Dey

Nov 29

Y. M. D.

14

Native of

Md

Occupation

Date 1903

Male

White

Age

Married

Female

Colored

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Agnesette Hann

Mother's  
Maiden Name

Emma King

Cause of

Primary

Whooping cough

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. H. Sherman, M.D.

Address

Baltimore, Carroll Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Majie C - Hess

Town

County

MARYLAND

Died at Silver Run

Carroll

Month

Day

Y.

M.

D.

Native of

Date 193

Nov 5.

6

9

Maryland

Occupation

Male

White

Age  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Albert Hess

Mother's

Maiden Name

Mary E Shall

Cause of

Primary

Fuselgaster

How long sick

Death

Immediate

Cyanide

One day

Accident, Suicide, Homicide

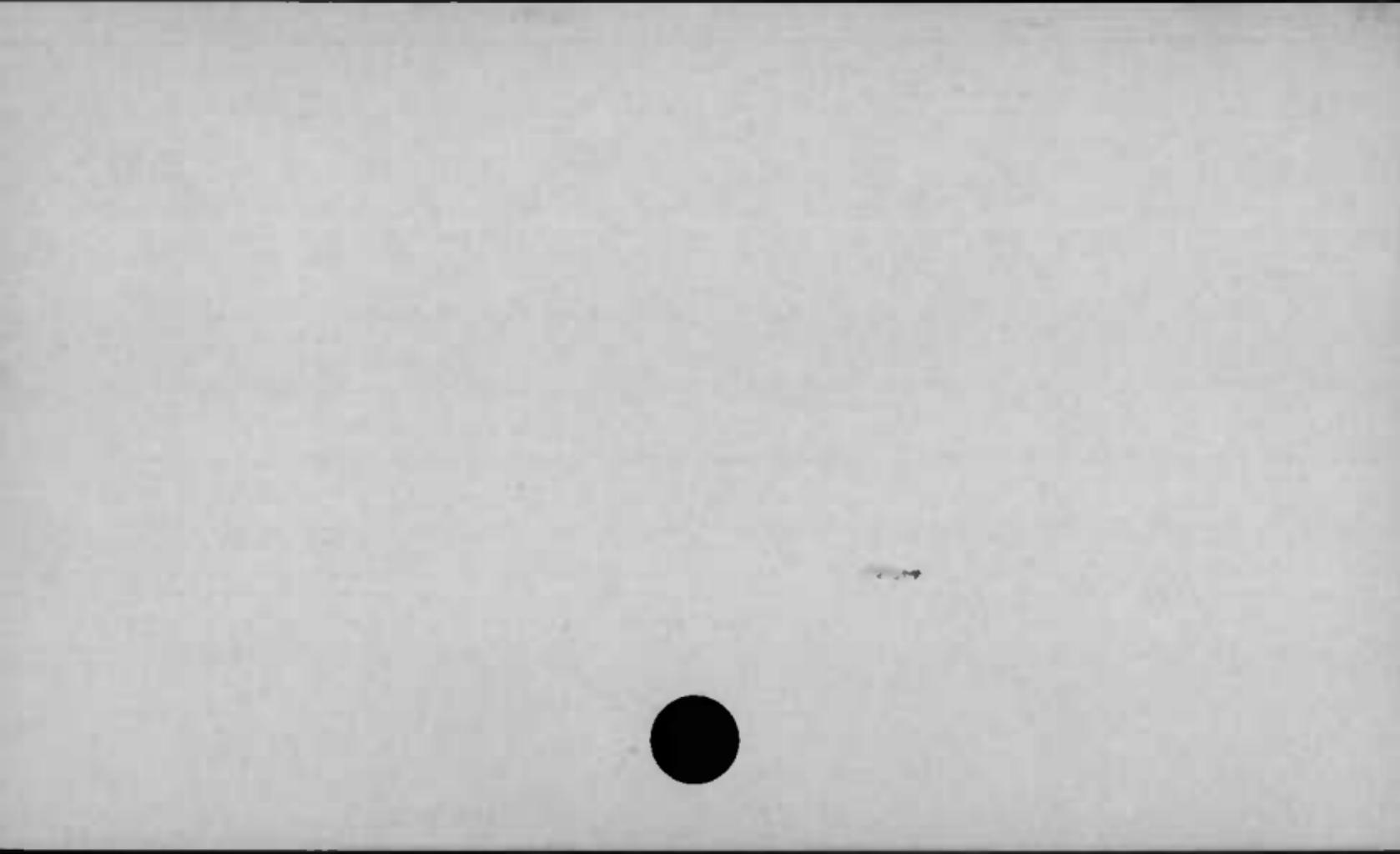
Reported by

J. J. Stuwart

Address

Glennville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William R. Koontz

Town

County

MARYLAND

Died at

Mauchester dist. Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

11 28

Age 28 — —

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Thos. Koontz.

Mother's

Maiden Name

Amelia Rhodes

Cause of

Primary

Cerebral Hemorrhage

How long sick

Death

Immediate

Compression of Brain

Accident, Suicide, Homicide

Reported by

John Spiegel M.D.

Address

Milrose

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs Alice Mercer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death 1903	Month 11	Day 10	Years 40	Months —	Days —		
Sex Female	Color or Race White	Occupation Farmer's wife					
Married, <del>Single</del> or Widowed							
Name of Wife Husband	Scott Mercer						
Father's Name	Albin Owing						
Mother's Maiden Name	X	X	64	Father's Birthplace	X X		
Name of person giving information						Mother's Birthplace	X X
How related to deceased							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

immediate How long

Are the name, age, sex, color, date and place correctly given above?

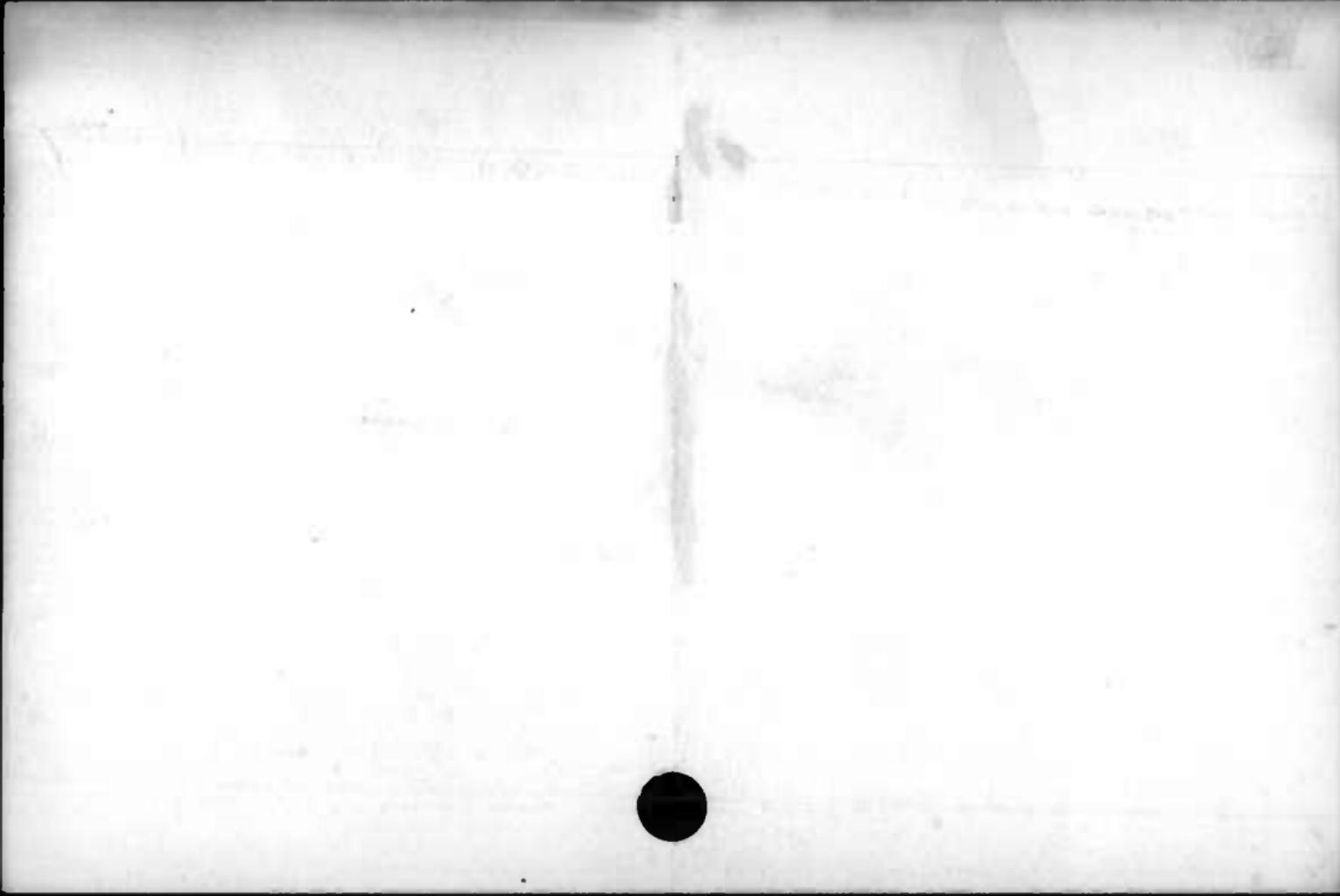
Signature of Physician

Address

Dr E. D. Troul

Bluffield Ind

Accident or Suicide?



Name  
In  
Full

William H. Michal

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Own		County		MARYLAND		
Date of death 1903	Month Nov.	Day 11	Age 56.	Years	Months 5	Days 12		
Sex Male	Color or Race white		Occupation		Birth-place Hanover Pa			
<del>Married</del> , Single <del>or Widowed</del>					Blacksmith			
Name of wife or Husband								
Father's Name Wm Michal				Father's Birthplace York Co				
Mother's Maiden Name Capoline Michal				Mother's Birthplace York Co				
Name of person giving information		Samuel Michal		How related to deceased Brw				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Asphyxia

How long

Lived Just died

Immediate

Asphyxia  
yes

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Preston M.D.  
Manchester  
Md

Accident or Suicide?



Name  
in  
Full

Kasiyah L. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 1903	Month Nov	Day 17	Age 70	Years 70	Months 2	Days	
Sex Female	Color or Race		White		Birth-place	Carroll Co Md	
Married, Single or Widowed	Occupation		Married		Housewife		
Name of Wife or Husband			Samuel B Miller				
Father's Name			Samuel Myers		Father's Birthplace	—	
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information			17		How related to deceased		

CAUSES OF DEATH

Primary	Hypertrophy of Heart & Arteries		How long	2 months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J H Sherman MD	
		Address	Manchester Md	
Accident or Suicide?				



Mrs. Frances

Town

County

MARYLAND

Died at	Silver Spring	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	Nov 8 <sup>th</sup>						Md	
Male	White			Married		Widow	Divorced	
Female	Colored			Single		Widower	Number of children living	

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

James Henry C. S.

Still Born S.

J. J. Stewart

2111 N. Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Nail,  
Sams Creek Carroll

MARYLAND

Died at

Town

County

Date 1803

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age 57-11-15  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 27

Husband  
of

Cora Nail

Father's  
Name

Jacob Nail

Mother's  
Name

Hannah Nail

Cause of

Primary

Paralysis

How long sick

18 hrs.

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

J. C. Halt &amp; Son, T. D. &amp; E.'s

Address

Winfield, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Longmore Chapel

Name  
in  
Full

Ruth A. Naill

CERTIFICATE OF DEATH

425 TO BE ANSWERED BY NEAREST FRIEND	Town		County		MARYLAND	
	Westminster		Carroll			
Date of death	Month	Day	Years	Months	Days	
1903	Nov	3	24	6	12	
Sex	Color or Race	Occupation				
Female	White					
Married, Single or Widowed	Widow					
Name of <del>Wife</del> Husband	Washington M. Naill					
Father's Name	Josiah Wheeler					
Mother's Maiden Name	Margaret May					
Name of person giving Information	Susan Gist					
CAUSES OF DEATH						

PHYSICIAN  
OR CORONER

Primary Heart Disease How long 2 month

Immediate   How long  

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Jas. H. Billingslee  
Westminster, Md

Accident or Suicide?

Shawnee

New Brandon

Name  
in  
Full

Della M Ogg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903		Month Nov	Day 9	Age 15	Years	Months 10	Days 10
Sex	Female		Color or Race	Occupation	Birth- place	Maryland	
Married, Single or Widowed	Single						
Name of Wife or Husband							
Father's Name	George W Ogg						
Mother's Maiden Name	Laura F Williams						
Name of person giving Information	George C Ogg.						
CAUSES OF DEATH							
Primary	Pulmonary Tuberculosis						
Immediate	" "						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				Address			
Accident or Suicide?				Jos. J. Hening Westminister Md			

PHYSICIAN  
OR CORONER

Sharrer

Deer Park Church Smallwood

Basil. P. Phillips

Town

County

Died at

Greensville

Carroll

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

83+

Age

W.

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Five

Husband of

Julian

Phillips

Mother's

Wife

Father's

Name

Maiden Name

margrett Clegg

Cause of

Primary

Intestinal Tuberculosis

How long sick

Death

Immediate

Inanition

-Accident, Suicide, Homicide

Reported by

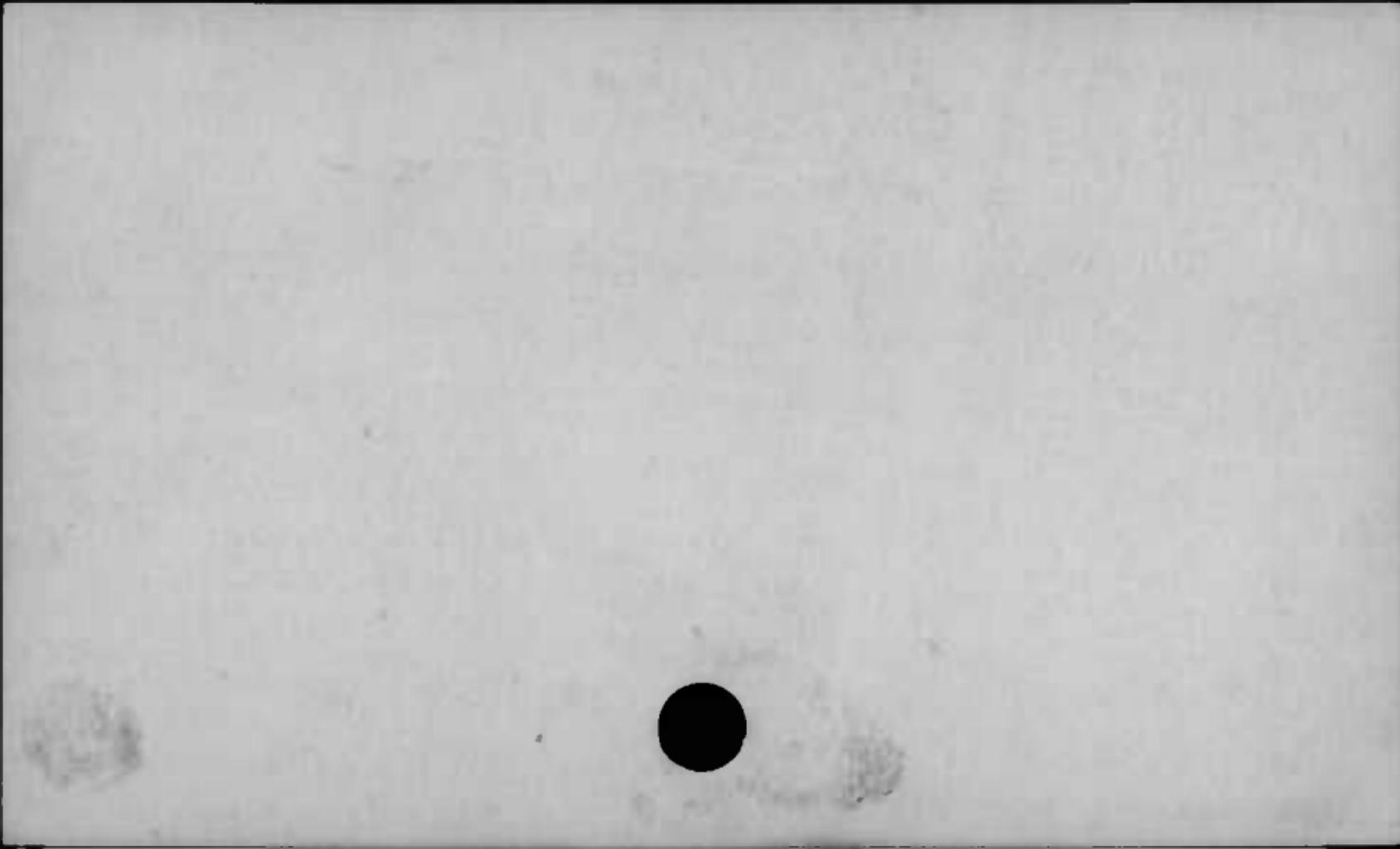
Dr. S. W. Gough

29.

Address

Timber Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John J Penner

Town

County

Died at

Home

MARYLAND

Month

Day

Y. M. D.

Native of

Occupation

Date 1903

Nov 5

Age 51

Painter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband

of Sarah J Penner

Wife

Mother's

Father's

John J Penner

Maidan Name

Name

Cause of

Primary

Death

Immediate

Alcoholism

Acute Bright's disease

How long sick

3 days

Accident, Suicide, Homicide

Reported by H. E. Geddes, M.D.

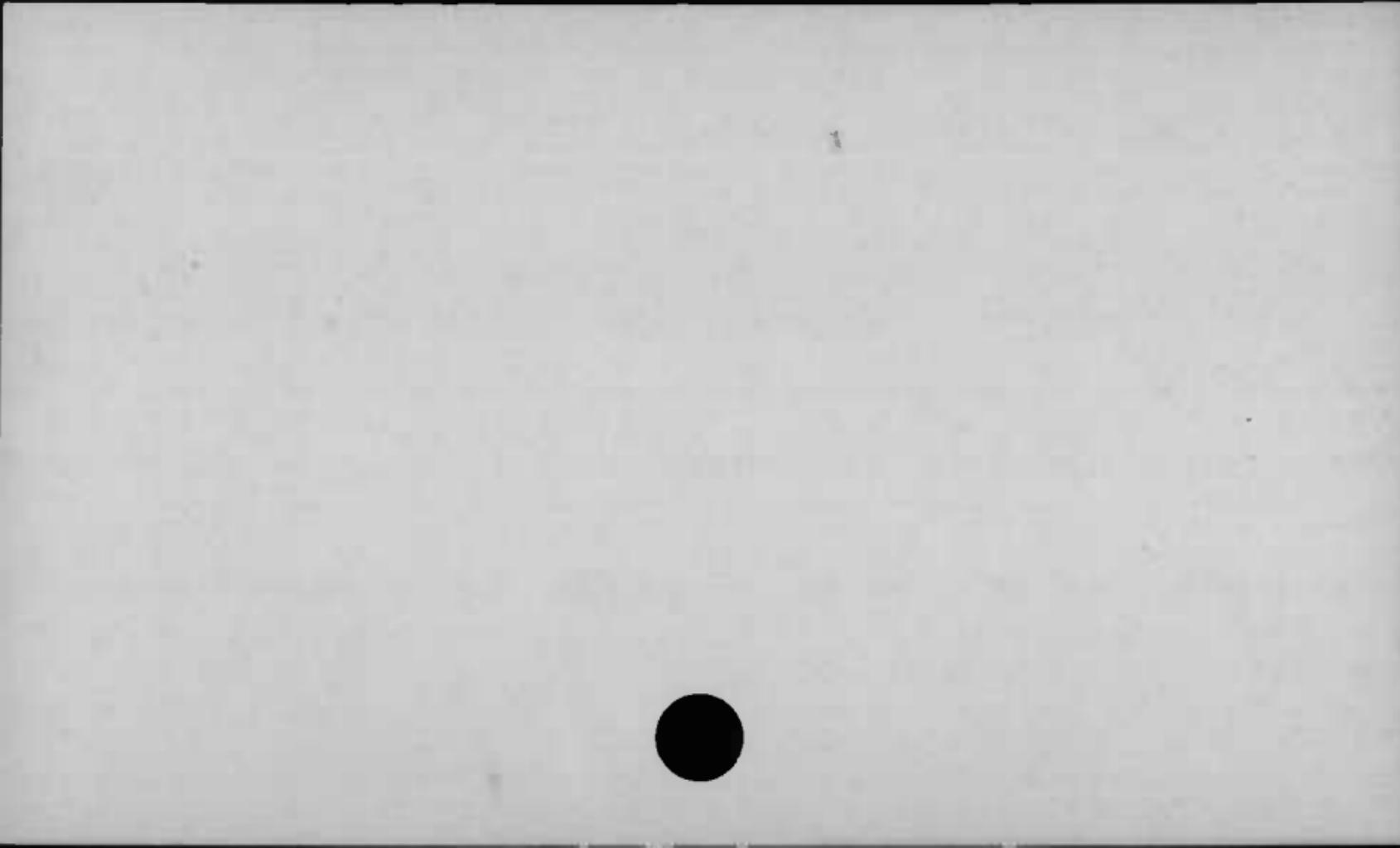
Address Littlestown Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at	Town		County			
	Tawny town		Carrooce		MARYLAND	
Date 19	Month	Day	Y.	M.	D.	Native of
1903	11	14	Aga			West
Male	White	Mariied	Widow	Divorced		Occupation
Female	Colored	Single	Widower	Number of children living		
Husband of						
Wife						
Father's Name	Geo. L. Rogers		Mother's Maiden Name	Alvinae b longan		
Cause of Death	Primary	Steel brwn	S.		How long sick	
	Immediate				Accident, Suicide, Homicide	
Reported by	le Brinn					
Address	Tawny town					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Row

Died at Park Hill County Carroll MARYLAND

Died at	Town	Month	Day	Y. M. D.	Native of	Occupation
Date 1903	Nov.	1		83-1-16	Maryland	Farmer
Male	White	Married		Widow	Divorced	
Female	Colored	Single		Widower	Number of children living	4

Husband of Anna Maria Roos.

Father's Name George Row Mother's Maiden Name Margareh Doyer

Cause of Death Hypertrophy of Heart How long sick Two years

Death Immediate Accident, Suicide, Homicide

Reported by Luther Keup

Address Mountview Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Basil Shepley ✓

Town

Day

County

Carroll

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Nov

3

Age

71

2

13

Widow

Maryland

Farmer

Male

White

Married

Divorced

Female

Divorced

Single

Widower

Number of children living

10

Husband of

Wife

Father's

Name

Margaret E Shepley

Mother's

Dennis Shepley

Maiden Name

Julia Knox

Cause of

Primary

Cancer

How long sick

2 years.

Death

Immediate

Cancer

Accident, Suicide, Homicide

Reported by

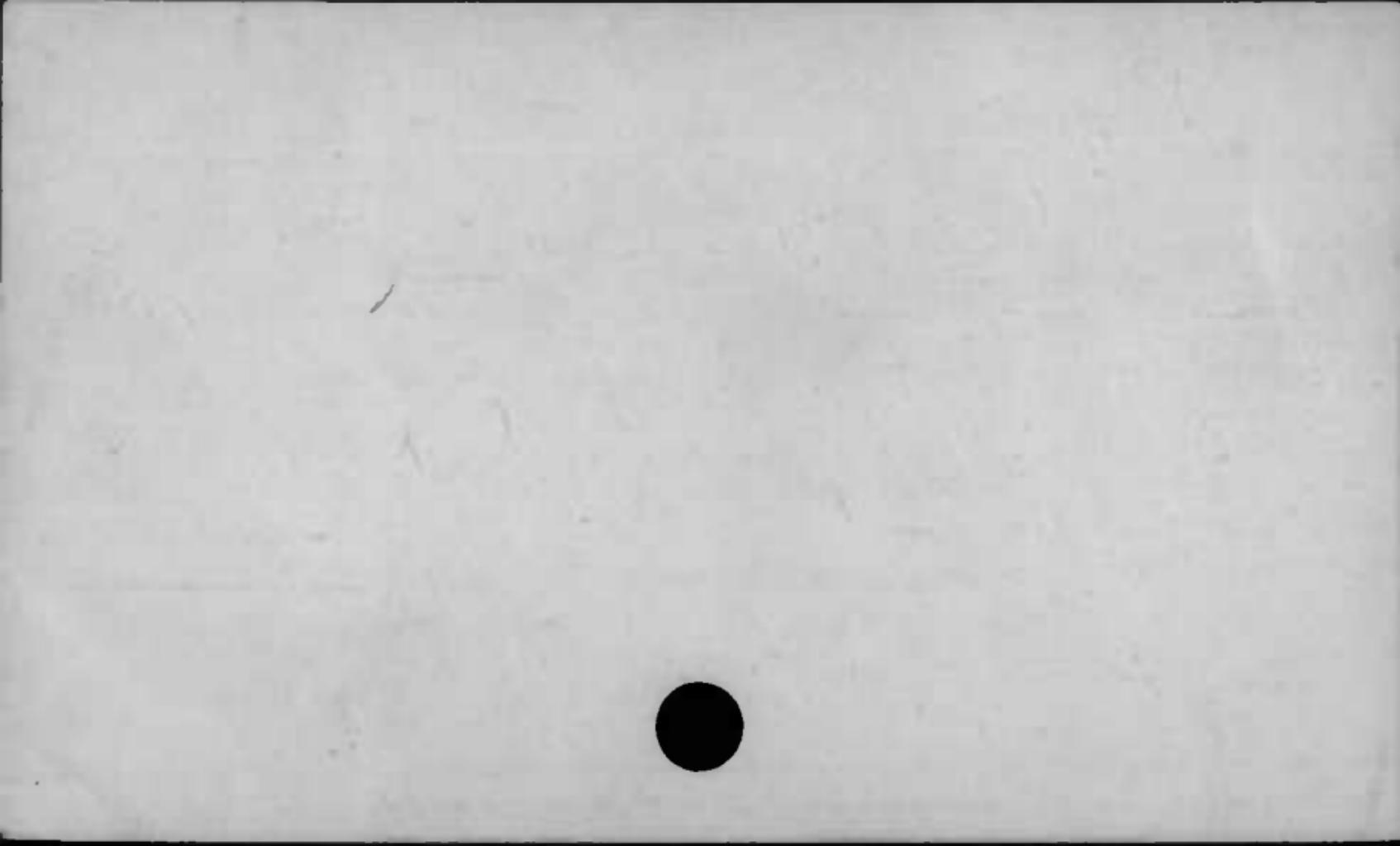
E. W. Conant M.D.

Address

Winfield

Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



426 Frederick Stirling Shipley

Town

County

Died at Gamber

Carroll

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
3	Nov	5	9	2		md	
Male	White		Married	Widow	Divorced		
Female	Colored		Single	Widower		Number of children living	

Husband of

Wife

Father's Name

Frederick Shipley

Mother's Name

Mary E Steinmetz

Cause of

Primary

Meningitis

How long sick

4 days

Death

Immediate

Heart failure

61

Accident, Suicide, Homicide

Reported by

Dr. S. N. Gould

Address

Gamber

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bethesda

Johnson



David Smith

Town

Gist

County

Carroll

MARYLAND

Died at

1903

Month

Day

Y.

M.

D.

Age 59-11-57

Native of

Md.

Occupation

Shoemaker

Male

White

Married

Widow

Divorced

Number of children living

One

Husband of

Anna Smith

Father's Name

John Smith

Mother's

Maiden Name

Elizabeth Smith

Cause of

Primary

Death

Immediate

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Harmony book

Name  
in  
Full

Naomie Eba Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u>			County <u>Carroll</u>		MARYLAND	
Date of death 1908	Month Nov	Day 4	Age <u>seventy</u>	Years	Months 11	Days 20
Sex <u>Female</u>	Color or Race <u>white</u>		Occupation <u>---</u>		Birth-place <u>Baltimore</u>	
Married, Single or Widowed <u>---</u>						
Name of Wife or Husband <u>---</u>						
Father's Name <u>Charles H. Smith</u>					Father's Birthplace <u>Baltimore</u>	<u>Baltimore</u>
Mother's Maiden Name <u>Ida May Jones</u>			<u>49</u>		Mother's Birthplace <u>Carroll Co</u>	<u>Carroll Co</u>
Name of person giving Information <u>G. H. Smith</u>					How related to deceased <u>Father</u>	<u>Father</u>

CAUSES OF DEATH

Primary	<u>Scorbutus</u>		How long <u>4 months</u>
Immediate	<u>Examination</u>		How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>H. H. Erb.</u>	
		Address <u>Residence and</u>	
Accident or Suicide?			



Name  
in  
Full

Kester Moree Snover

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Md.	
Married, Single or Widowed	Surfaus		Occupation	—		
Name of Wife or Husband	—		—		—	
Father's Name	Clayton Snover - 16		Father's Birthplace	Md -		
Mother's Maiden Name	Emma Pittinger		Mother's Birthplace	Md -		
Name of person giving Information	Clayton Snover, wife		How related to deceased	Parents -		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Burn	How long	6 hrs
Immediate	Burn -	How long	6 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	P. H. Diller
		Address	D. P. Diller D. P. Diller Maryland.
Accident or Suicide?	Accident		



George Stair

Town

County

MARYLAND

Died at Silver Spring County Carroll MARYLAND

Date <u>1908</u>	Month <u>Nov</u>	Day <u>4</u>	Y. <u>67</u>	M. <u>9</u>	D. <u>8</u>	Native of <u>Pennsylvania</u>	Occupation <u>Farmer</u>
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			<u>None</u>

Husband of Mandela Stair

Wife

Father's Name Michael Stair Mother's Maiden Name Lydia Reinoller

Cause of Death

Primary

How long sick

Immediate

Six months

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Joel Sykes					
Died at	Town	County		Carroll		MARYLAND	
Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
03	11	27	48	4	20	Md	Peaches
Male	White	Age	Married	Widow	Divorced	Number of children living	
Female	Colored		Single	Widower		4	
Husband of	Alice V Sykes						
<del>Wife</del>							
Father's Name	Chas Sykes			Mother's Maiden Name	-		
Cause of Death	Primary	Heart Trouble			79	How long sick	6 months
Death	Immediate	Pneumonia			Accident, Suicide, Homicide		
Reported by	Dr. D. W. Divers M.D.						
Address	Weslure [redacted] on my land						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Roy Blifton Marlinne

CERTIFICATE OF DEATH

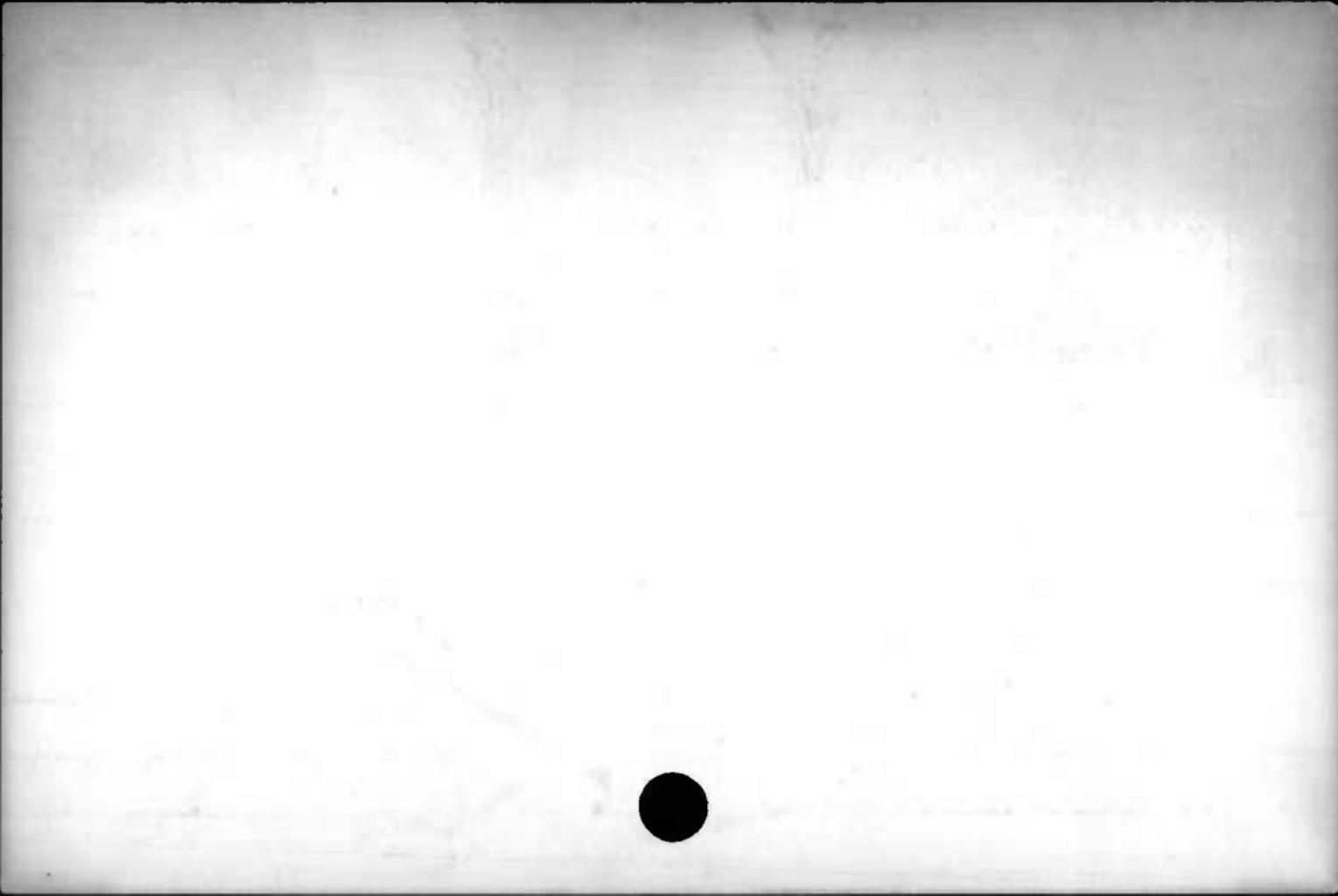
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	Nov	21	Age	3	
Sex	male	Color or Race	white	Birth-place	Westminister
Occupation	Where Residing if not at place of death			House	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Denton Marlinne	Father's Birthplace	Westminister		
Mother's Maiden Name	Elizabeth Leffert	Mother's Birthplace	'		
Name of person giving information	Denton Marlinne	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Marasmus		How long	5 weeks.
Immediate	Exhaustion		How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. R. Goutz M.D.	
		Address	Westminister, Md.	
Accident or Suicide?				



Name in Full

Certificate of Death

J. Henry Weisheit

Dinner Run

County

Carroll

MARYLAND

Died at

Date 1903

Month Nov. 23

Day

Y.

M.

D.

Aga

75 9 21

Native of

Md

Occupation

Bldg Farmer

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

2 yrs

Husband of

Wife

Lydia Weisheit

Mother's

Father's

Maiden Name

Name

64

How long sick

2 yrs

Cause of

Primary

Suffusion of Brain

Death

Immediate

Accident, Suicide, Homicide

Reported by

Ed. L. Goff - undertaker

Address

Miners

Mills Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Curvin Russell Wink  
 Town Maple Grove County Carroll

MARYLAND

Died at Maple Grove Date 1903 Month Nov Day 29 Age 27 Y. 2 M. 7 D. 29 Native of Maryland Occupation -  
 Male White Married - Widow Divorced -  
 Female Colored Single Widower Number of children living -

Husband of  
 Wife

Father's  
 Name

J Henry Wink 61 Mother's  
 Name Laura V. Taylor  
 Cause of Death Cerebral Sclerosis Menengitis How long sick 3 days  
 Primary Immediate Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Manchester  Carroll County  
 md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Frank Wohlsagen

Town

County

Died at Myers Dist

Carroll

MARYLAND

Died at Date 1903 Month Nov. Day

M. D.

Native of

Occupation

Male

White

M.

D.

Divorced

Number of children living

Female

Colored

Age

Married

Single

Widower

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

64.

How long sick  
Found dead

Death

Immediate

Aphoplexy

Accident, Suicide, Homicide

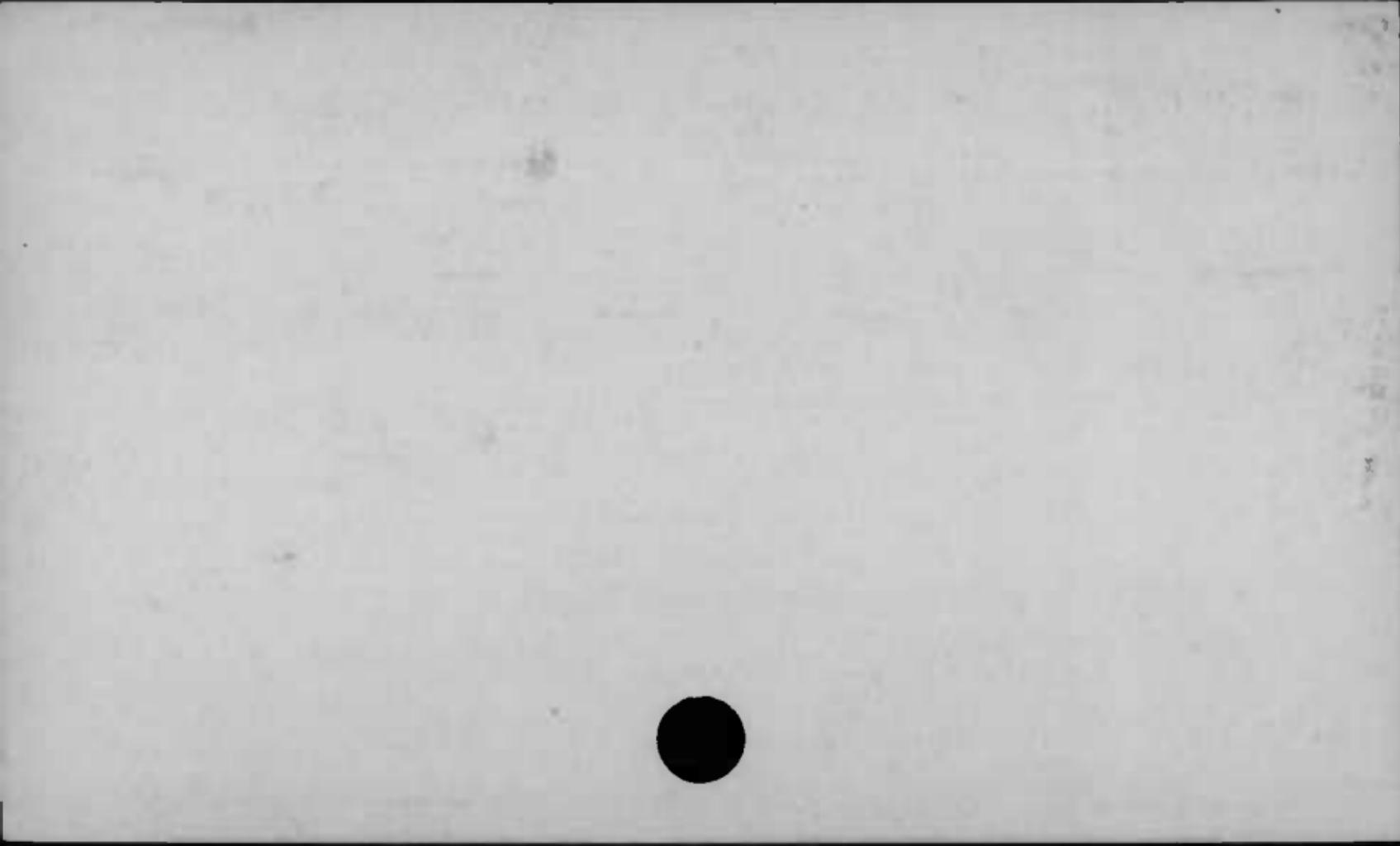
Reported by

Dr. J. S. Marshall

Address

Silverb Run, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Young

Town

County

Died at

Manchester

Carroll

MARYLAND

Date 1903

Month Nov Day 4

Age 72 - -

Y. M. D.

Native of

Occupation

Ind

/ Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife Nelson B. Young

Father's

Name Mr Robison

Mother's

Maiden Name Belinda Hovis

Cause of

Primary

Typhoid Fever

How long sick

10 days

Death

Immediate

Collapse

Accident, Suicide, Homicide

Reported by

P. H. Sherman M.D.

Address

Manchester

Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

